Rulemaking Hearing Rules of Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-1 General Rules

Amendments

Subparagraphs (r), (u), and (v) of paragraph (1) of rule 1200-13-1-.03 Amount, Duration, and Scope of Assistance are deleted in their entirety and replaced with new subparagraphs which shall read as follows:

- (r) Intermediate Care Facility services for individuals age 65 or older in institutions for tuberculosis will be covered for those who require institutional health services below the level of care rendered in skilled nursing facilities.
- (u) Intermediate Care Facility services for individuals age 65 or older in institutions for mental diseases will be covered for those who require institutional health services below the level of care rendered in skilled nursing facilities.
- (v) Intermediate Care Facility services other than services in an institution for tuberculosis or mental diseases will be covered.

Statutory Authority: T.C.A 4-5-202, 71-5-105, 71-5-109, Executive Order No. 23.

Subparagraph (b) of paragraph (4) of rule 1200-13-1-.06 Provider Reimbursement is deleted in its entirety and replaced with a new subparagraph (b) which shall read as follows:

- (b) A Level 1 nursing facility (NF) shall be reimbursed in accordance with this paragraph for the recipient's bed in that facility during the recipient's temporary absence from that facility in accordance with the following:
 - 1. Effective October 1, 2005, reimbursement will be made for up to a total of 10 days per state fiscal year while the resident is hospitalized or absent from the facility on therapeutic leave. The following conditions must be met in order for a bed hold reimbursement to be made under this provision:
 - (i) The resident intends to return to the NF.
 - (ii) For hospital leave days:
 - (I) Each period of hospitalization is physician ordered and so documented in the patient's medical record in the NF; and
 - (II) The hospital provides a discharge plan for the resident.
 - (iii) Therapeutic leave days, when the resident is absent from the facility on a therapeutic home visit or other therapeutic absence, are provided pursuant to a physician's order.

(iv) At least 85% of all other beds in the NF are occupied at the time of the hospital admission or therapeutic absence.

Subparagraph (c) of paragraph (32) of rule 1200-13-1-.06 Provider Reimbursement is deleted in its entirety and replaced with a new subparagraph (c) which shall read as follows:

- (c) An ICF/MR will be reimbursed in accordance with this paragraph for the recipient's bed in that facility during the recipient's temporary absence from that facility in accordance with the following:
 - 1. For days not to exceed 15 days per occasion while the recipient is hospitalized and the following conditions are met:
 - (i) The resident intends to return to the ICF/MR.
 - (ii) The hospital provides a discharge plan for the resident.
 - (iii) At least 85% of all other beds in the ICF/MR certified at the recipient's designated level of care (i.e., intensive training, high personal care or medical), when computed separately, are occupied at the time of hospital admission.
 - (iv) Each period of hospitalization must be physician ordered and so documented in the patient's medical record in the ICF/MR.
 - 2. For days not to exceed 60 days per state fiscal year and limited to 14 days per occasion while the recipient, pursuant to a physician's order, is absent from the facility on a therapeutic home visit or other therapeutic absence.

Statutory Authority: T.C.A. 4-5-202, 71-5-105, 71-5-109, Executive Order No. 23.

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 20th day of December, 2005 and will become effective on the 5th day of March, 2006.